



St. Andrews Townhomes Checklist

- **For Sales:**
 - Resale Application Page
 - Vehicle Information Page
 - Deed Restricted Community Page
 - Pet Page
 - Email Authorization
 - Maintenance Fee Payment Options
 - Disclosure Summary
 - Voting Certificate
 - Gate Form
 - Copy of executed Sales Contract
 - Non-refundable Processing Fee of \$100.00 payable to Watson Association Management, LLC
- **For Leases:**
 - Lease Application Page
 - Vehicle Information Page
 - Deed Restricted Community Page
 - Pet Page
 - Authorization for Background screening
 - Photo ID (must be legible)
 - Gate Form
 - Copy of executed Lease Contract
 - Non-refundable Processing Fee of \$100.00 payable to Watson Association Management, LLC
 - Background Screening fee **\$25.00 per adult** payable to St. Andrews Townhomes

Please make sure when submitting your application all documents, and fees are included.

***** If an application is submitted that is **NOT** complete, it will **NOT** be accepted and/or processed. Please ensure that you have all the required **information, forms** and **signatures** to avoid any delay(s) in the approval of your application.

***Please submit and/or send all complete applications and fees to Watson Association Management, LLC office located at 430 NW Lake Whitney Place, Port St. Lucie, FL 34986**

Thank you for your Cooperation!

430 NW Lake Whitney Place, Port St. Lucie, FL 34986
435 S. Yonge Street #3, Ormond Beach, FL 32174
1410 Palm Coast Parkway NW, Palm Coast, FL 32137

Phone 772.871.0004 Fax 772.871.0005
Phone 386.252.2661 Fax 386.673.4943
Phone 386.239.1555 Fax 386.246.9271

www.WatsonAssociationManagement.com



Association Management

LEASE/RESALE APPLICATION

Date: _____ Property Address: _____

Applicant Name: _____ Active Military Service Member ____ Yes ____ No

Co-Applicant Name: _____ Active Military Service Member ____ Yes ____ No

Present Address: _____

Applicant Phone: _____ Co-Applicant Phone: _____

Any other Occupants? _____ If Yes, list names, age and relationship:

Name _____ Relation _____ Age _____

Name _____ Relation _____ Age _____

Any additional Lease occupant over 18 must submit an authorization for screening form and \$25.00 payable to St. Andrews

Do you intend to:

- Live in the unit as a primary residence
- Maintain the unit as a secondary residence
- Offer the unit as a rental
- Rent unit from owner

Applicants employers name: _____ No. of years there _____

Address: _____ Phone #: _____

Co-Applicants employers name: _____ No. of years there _____

Address: _____ Phone #: _____

I/WE HEREBY AGREE TO ABIDE BY ALL DOCUMENTS AND RULES & REGULATIONS OF ST. ANDREWS TOWNHOMES HOMEOWNERS ASSOCIATION, INC., A COPY OF WHICH DOCUMENT I HAVE RECEIVED FROM SELLER.

(IF SELLER FAILS TO PROVIDE A SET OF DOCUMENTS TO BUYER, A COPY WILL BE MADE AVAILABLE BY THE ASSOCIATION MANAGEMENT COMPANY AT A COST OF \$50.00 PER DOCUMENT COPY.)

LESSEE/PURCHASER: _____ Date: _____
Signature

LESSEE/PURCHASER: _____ Date: _____
Printed Name

LESSEE/PURCHASER: _____ Date: _____
Signature

LESSEE/PURCHASER: _____ Date: _____
Printed Name

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VEHICLE INFORMATION

Name: _____ Phone: _____

Name: _____ Phone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

DESCRIPTION OF VEHICLE:

VEHICLE #1:

Make: _____ Model: _____ Year: _____

Color: _____ Gross Weight: _____ VIN: _____

Vehicle Tag: _____ State: _____

VEHICLE #2:

Make: _____ Model: _____ Year: _____

Color: _____ Gross Weight: _____ VIN: _____

Vehicle Tag: _____ State: _____

Vehicle 1 registered to: _____

Vehicle 2 registered to: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Signature _____ Date _____ Signature _____ Date _____

***ALL INFORMATION ON THIS FORM MUST BE COMPLETED

***ANY CHANGES IN USE OR APPEARANCE OF THE ABOVE DESCRIBED VEHICLE(S) MUST BE SUBMITTED TO THE BOARD OF DIRECTORS WITH A NEW APPLICATION

SIGNATURE _____ SIGNATURE _____

FOR ASSOCIATION USE ONLY

The above application is approved _____ not approved _____

Reason for non-approval: _____

Signer: _____ Position: _____ Date: _____

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**Deed Restricted Community**

I/We understand that we are moving into a deed-restricted community. I/We hereby agree to abide by all Documents and Rules and Regulations of ST. ANDREWS TOWNHOMES HOA, INC., a copy of which I/We have received from the owner.

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Buyer/Lessee
Signature _____ Date: _____

Buyer/Lessee
Signature _____ Date: _____

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PLEASE ADVISE US OF ANY ANIMALS TO BE RESIDING IN THE HOME

- The breed of dog commonly known as “pit bull” is prohibited.
- No pets shall be kept, bred, or maintained for any commercial purpose.
- Dogs which are household pets shall always whenever they are outside a unit be confined on a leash held by a responsible person.
- An owner shall immediately pick up and remove any solid animal waste deposited by his pet on the properties, including the common areas and the exclusive neighborhood common area.
- No more than two (2) household pets may be kept.

Pet(s)? Yes _____ No _____

Pet Type: _____ Weight: _____ Age: _____ Color: _____ Sex: _____
Name: _____

Pet Type: _____ Weight: _____ Age: _____ Color: _____ Sex: _____
Name: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

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**A SEPARATE AUTHORIZATION FORM IS REQUIRED FOR
EACH LEASE APPLICANT OVER 18. BACKGROUND SCREENING FEE OF \$25.00
PER APPLICANT PAYABLE TO ST. ANDREWS TOWNHOMES**

**GENERAL AUTHORIZATION FOR APPLICANT SCREENING
PLEASE PRINT CLEARLY**

Applicant Name: _____ **DOB:** _____

Social Security Number: _____ **Phone:** _____

Present Address: _____

City: _____ **State:** _____ **Zip:** _____

Applicant hereby Authorizes St. Andrews Townhomes HOA, Inc and its Agent, Watson Association Management, LLC, to obtain and verify a social security number search and background report required to process his/her application for residency.

Applicant agrees to indemnify and hold harmless St. Andrews Townhomes HOA, Inc and Watson Association Management, LLC., their employees, managers, officers and directors, affiliates, subcontractors , and agents from any loss, expense or damage which may result directly or indirectly from information or reports furnished by Watson Association Management, LLC.

Applicant Signature: _____

Date: _____

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EMAIL CONSENT FORM

A new Florida statute states it is against the law to send mass emails to owners without their written consents. By completing, signing, and returning this form, you are authorizing the Board of Directors of the St. Andrews Townhomes Homeowners Association, Inc. and Watson Association Management to email notifications of Association meetings, minutes or other correspondence in lieu of receiving them by regular mail. Your email address will **not** be used for any other purpose than those listed in the previous sentence.

I also understand that Annual owner meetings and Special Meetings requiring membership voting or establishing a quorum will NOT be sent via E Mail but via regular or certified mail as prescribed by law.

Yes

I authorize St. Andrews Townhomes Homeowners Association, Inc. and Watson Association Management to email me appropriate meeting notices, minutes, reports, and other correspondence.

Email Address: _____

Property Address: _____

Phone Number(s): _____

Signature(s): _____

Printed Name(s): _____

No

I do not want to receive emails from St. Andrews Townhomes Homeowners Association, Inc. and Watson Association Management.

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MAINTENANCE FEE PAYMENT OPTIONS

- Option 1:** Coupon Book (for mailing payments):

or

- Option 2:** Direct Payments (ACH Debits): Please complete the following, and return same with this Resale Application:

Association Name: St. Andrews Townhomes

Account Number _____

I (we) hereby authorize CenterState Bank, to initiate debit entries from the bank account indicated below for the benefit of the depository named below. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law. ***I (we) confirm that the source of the funds for payment of these debit entries will NOT originate from a Financial Agency's office located outside the territorial jurisdiction of the United States.***

Bank Name _____

Branch _____

City _____ State _____ Zip _____

Routing Number _____

Account Number _____

This authorization is to remain in full effect until the Originator has received written notification from the bank account owner(s) of any termination. This should be done in a suitable manner to allow all parties involved the opportunity to process any changes within a reasonable amount of time.

Name (please print) _____

Name (please print) _____

Account Holder Signature _____ Date _____

Account Holder Signature _____ Date _____

Note: In case of revoked authorization, written notification must be made to the originator no later than 15 days before the effective date of the next transaction.

Please attach a VOIDED check

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Disclosure Summary For St. Andrews Townhomes Homeowners Association

1. As a purchaser of property in this community, you will be obligated to be a member of a homeowner's association.
2. There have been recorded restrictive covenants governing the use and occupancy of properties in this community.
3. You will be obligated to pay maintenance assessments to the association. Assessments may be subject to periodic change. The current amount is **\$321.92** per month and may be subject to change.
4. You may also be obligated to pay any special assessments that may be imposed by the association.
5. You may be obligated to pay a special assessment to the respective municipality, county, or special district. All assessments are subject to periodic change.
6. Your failure to pay any of these assessments could result in a lien on your property.
7. The statements contained in this disclosure form are only summary in nature and, as a prospective purchaser you should refer to the covenants and the association governing documents before purchasing property.
8. These documents are matters of public record and can be obtained from the record office in the county where the property is located or from Watson Association Management, LLC for a fee.

Purchaser: _____ Date: _____

Purchaser: _____ Date: _____

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Association Management

(SALES ONLY)

VOTING CERTIFICATE

St. Andrews Townhomes Homeowners Association, Inc.

Know all men by these present, that the undersigned is the record owner (s) In St. Andrews Townhomes Homeowners Association, Inc. shown below, and hereby constitutes, appoints and designates:

(Insert one owners name above)

As the voting representative for the HOMEOWNERS ASSOCIATION unit owned by said undersigned pursuant to the by-laws of the Association.

The voting representative is hereby authorized and empowered to act in the capacity herein set forth until the undersigned otherwise modifies or evokes the authority set forth in this voting certificate.

Dated this _____ day of _____, 20____.

(Unit owner's signature – If jointly-owned, both owners' signatures required)

Property Address _____

Port St. Lucie, FL 34983

When there is a corporation or partnership as owners of the property, then a voting representative must be appointed by the corporation or partnership and becomes the representative. All owners must sign this form to acknowledge this appointment.

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